PTO/S8/17 (12-04)

Approved for use through 07/31/2006-OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) **Application Number** 10/690,650 FEE TRANSMITTAL Filing Date October 23, 2003 For FY 2005 First Named Inventor HIROSHI SAHARA **Examiner Name** Susan S.Y. Lee Applicant claims small entity status. See 37 C.F.R. 1.27 Art Unit 2852 TOTAL AMOUNT OF PAYMENT (\$) 200.00 Attorney Docket No. 01306.000119 METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): Check 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of Х Credit any overpayments fee(s) under 37 C.F.R. 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity** Application Type Fees Paid (\$) Fee (\$) Fee (\$) Fee(\$) Fee(\$) Utility 300 250 200 100 Design 200 100 100 50 130 65 150 Plant 200 100 300 160 80 Reissue 300 150 500 250 600 300 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee(\$) Fee(\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee(\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims **Extra Claims** Fee(\$) Fee Paid (\$) - 3 or HP = 200.00 х HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Total Sheets** Fee (\$) Fee Paid (\$) - 100 = / 50 = \_\_\_\_ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other:\_ SUBMITTED BY

Signature

Registration No. (Attorney/Agent) 30,110

Name (Print/Type)

Lawrence A. Stahl

Date: June 3, 2005

01306.000119



## PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
	:	Examiner: Susan S.Y. Lee
HIROSHI SAHARA	)	
	:	Group Art Unit: 2852
Application No.: 10/690,650	)	
	:	Confirmation No.: 9168
Filed: October 23, 2003	)	
	:	
For: IMAGE FORMING APPARATUS	)	June 3, 2005
WITH DIFFERENT TRANSPORT	:	
SPEEDS IN TRANSFER UNIT AND	)	
FIXING UNIT (As Amended)	:	

Mail Stop Amendment COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

## AMENDMENT AND SUBMISSION OF REPLACEMENT DRAWINGS

Sir:

In response to the Office Action mailed May 3, 2005, Applicant submits the following amendments and remarks.

06/06/2005 HALIII 00000029 10690650 01 FC:1201

## IN THE TITLE:

Please amend the title to read as follows:

--IMAGE FORMING APPARATUS <u>WITH DIFFERENT TRANSPORT</u>

<u>SPEEDS IN TRANSFER UNIT AND FIXING UNIT</u>--.